

APPLICATION DATA SHEET**Application Information**

| | |
|----------------------------------|---|
| Application number:: | N/A |
| Filing Date:: | October 17, 2001 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested classification:: | N/A |
| Suggested Group Art Unit:: | N/A |
| CD-ROM or CD-R?:: | N/A |
| Number of CD disks:: | N/A |
| Number of copies of CDs:: | N/A |
| Sequence submission?:: | Paper |
| Computer Readable Form (CRF)?:: | Yes |
| Number of copies of CRF:: | 1 |
| Title :: | COMPOSITIONS AND METHODS FOR CYSTIC FIBROSIS THERAPY |
| Attorney Docket Number:: | 200116.403D1 |
| Request for Early Publication?:: | NO |
| Request for Non-Publication?:: | NO |
| Suggested Drawing Figure:: | N/A |
| Total Drawing Sheets:: | N/A |
| Small Entity?:: | Yes |
| Petition included?:: | No |
| Petition Type:: | N/A |
| Licensed U.S. Gov't Agency:: | N/A |
| Contract or Grant No:: | N/A |
| Secrecy Order in Parent Appl.?:: | N/A |

0992315 101701
"0201" 5128660

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Horst
Middle Name:: N/A
Family Name:: Fischer
Name Suffix:: N/A
City of Residence:: Albany
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 839 Caramel Avenue
City of mailing address:: Albany
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94706

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Beate
Middle Name:: N/A
Family Name:: Illek
Name Suffix:: N/A
City of Residence:: Albany
State or Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 839 Caramel Avenue

City of mailing address:: Albany
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94706

Third Applicant Information

Applicant Authority Type:: N/A
Primary Citizenship Country:: N/A
Status:: N/A
Given Name:: N/A
Middle Name:: N/A
Family Name:: N/A
Name Suffix:: N/A
City of Residence:: N/A
State or Province of Residence:: N/A
Country of Residence:: N/A
Street of mailing address:: N/A
City of mailing address:: N/A
State or Province of mailing address:: N/A
Country of mailing address:: N/A
Postal or Zip Code of mailing address:: N/A

Fourth Applicant Information

Applicant Authority Type:: N/A
Primary Citizenship Country:: N/A
Status:: N/A
Given Name:: N/A
Middle Name:: N/A
Family Name:: N/A

Name Suffix:: N/A
City of Residence:: N/A
State or Province of Residence:: N/A
Country of Residence:: N/A
Street of mailing address:: N/A
City of mailing address:: N/A
State or Province of mailing address:: N/A
Country of mailing address:: N/A
Postal or Zip Code of mailing address:: N/A

Correspondence Information

Correspondence Customer Number :: **00500**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

Representative Information

| | | |
|----------------------------------|--|--------------|
| Representative Customer Number:: | | 00500 |
|----------------------------------|--|--------------|

Domestic Priority Information

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|----------------------------|----------------------|----------------------|
| This Application | Divisional of | 09/174,0744 | October 16, 1998 |
| | Continuation-in-part of | 08/951,912 | October 16, 1997 |
| | | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| N/A | N/A | N/A | N/A |
| | | | |
| | | | |

Assignee Information

| | |
|---|----------------------------------|
| Assignee name:: | Children's Hospital Oakland |
| Street of mailing address:: | 5700 Martin Luther King, Jr. Way |
| City of mailing address:: | Oakland |
| State or Province of mailing address:: | CA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 94609-1673 |

V225662_1.DOC [9/19/01]